



## PATIENT

Darla Rands

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

12.3 Pounds

## INTERPRETED BY

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

LuxPetVet

## REFERRING VET

Dr. Kristin Lee

## INVOICE

37324

## DATE

5/3/22

## PRESENTING CLINICAL SIGNS

Chief Concern/Provisional Diagnosis: - Prolonged hyporexia, some vomiting, and weight loss. - Anemia. - Elevated ALP, ALT, BUN, and SDMA. History/Physical Findings: Patient presents for evaluation of hyporexia and lethargy for at least 1 week. Usually a very good eater. Patient usually eats Purina Sensitive Skin & Stomach diet. Owner had offered some Fresh Pet pate, which patient ate some of. Otherwise, owner had been offering a variety of other foods with no success. Patient vomited bile in exam room upon presentation, however, owner has not noticed any other vomiting. Patient had mild dehydration and significant weight loss per owner (BCS 4.5/9 at time of exam). No previous medical history other than dental disease (patient has no teeth remaining). Patient was sensitive upon abdominal palpation of the cranial abdomen. Multiple small pink dermal masses along face between eyes and 3cm in diameter movable SQ mass along the right dorsal thorax (has not previously been evaluated via FNA). Summary of Laboratory Abnormalities: - CBC: Leukopenia, lymphopenia, monocytopenia, anemia, thrombocytopenia (unfortunately, did not confirm thrombocytopenia with a manual blood smear). - Chem: Elevated ALP (627), ALT (386), and BUN (38). - Elevated SDMA (15). - Unable to obtain urine sample for USG or UA. Radiographic Abnormalities: - Radiographs not performed. Current Therapy and Medications: - Administered LRS fluids and Cerenia SQ at time of exam. - Sent home patient with Cerenia tablets. - Talked to owner yesterday (5/2/22) and patient had been doing better, eating more consistently.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.38 cm) with numerous cortical cysts. Two large cysts are visible, one measuring 1.99 cm and one measured 0.58 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.49 cm) with small cortical cysts. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is normal/borderline large in size measuring 0.76 at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.59 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### Spleen



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The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are at least 3 large, hypoechoic nodules visualized within the parenchyma. The largest measures 1.29 cm x 1.88 cm. Additionally, there are smaller 0.97 cm and 1.06 cm nodules.

## BREED

Chihuahua

### Liver

The liver is subjectively normal in size, and irregular in shape. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count, hyperechoic nodules visualized within the hepatic parenchyma. These are generally approximately 1.0 cm in size. There are larger mass lesions visible, one on the right side of the liver measures 3.8 cm x 3.8 cm. Another measures 2.48 cm x 3.8 cm.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of hyperechoic, mildly shadowing sludge within the gallbladder lumen, most consistent with mildly mineralized hyperechoic, echogenic debris. The cystic and common bile ducts are normal/not visible.

## AGE

14 Years

### Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

## WEIGHT

12.3 Pounds

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.36 cm. There is mild mucosal speckling visualized in the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### Pancreas

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The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### Free Abdomen

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

### Other

## INVOICE

A brief view of the heart was submitted. No significant pericardial effusion was seen.

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pawsonography@gmail.com 530-786-8340

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## PRIMARY FINDINGS

- Large, hypoechoic nodules visualized within the spleen – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Heterogeneous liver with multiple hyperechoic nodules and several large, hyperechoic mass lesions – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The hyperechoic lesions visualized within the liver could represent a benign or cancerous process.
- Subjectively thickened small intestine with mild mucosal speckling – Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.
- Decreased corticomedullary distinction in both kidneys with large cysts visualized in the left kidney – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

## SECONDARY FINDINGS

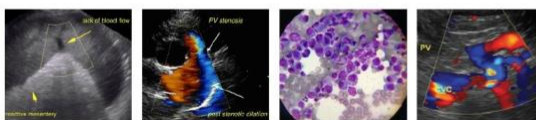
- Prominent/borderline large left adrenal gland – The left adrenal gland appears slightly larger than the right adrenal gland, but is relatively normal in appearance. Recommend continued monitoring.
- Hyperechoic shadowing debris visualized within the gallbladder lumen – Findings could be consistent with small mineralizations/stones. There is no evidence of wall thickening/irregularity or inflammation. This is likely an incidental finding, but should continue to be monitored.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple hyperechoic nodules and masses visualized within the liver. These could represent benign lesions, as they are hyperechoic and have likely been present for a while. Recommend a fine needle aspirate of the mass lesion on the right side of the liver.

Additionally, there are hypoechoic lesions visualized within the spleen. Recommend a fine needle aspirate of these lesions and close continued monitoring, as a splenectomy may be necessary.

There are chronic renal changes in both kidneys in addition to a large cyst in the left kidney. These changes are consistent with chronic progressive disease. Recommend a blood pressure evaluation, urinalysis and culture.



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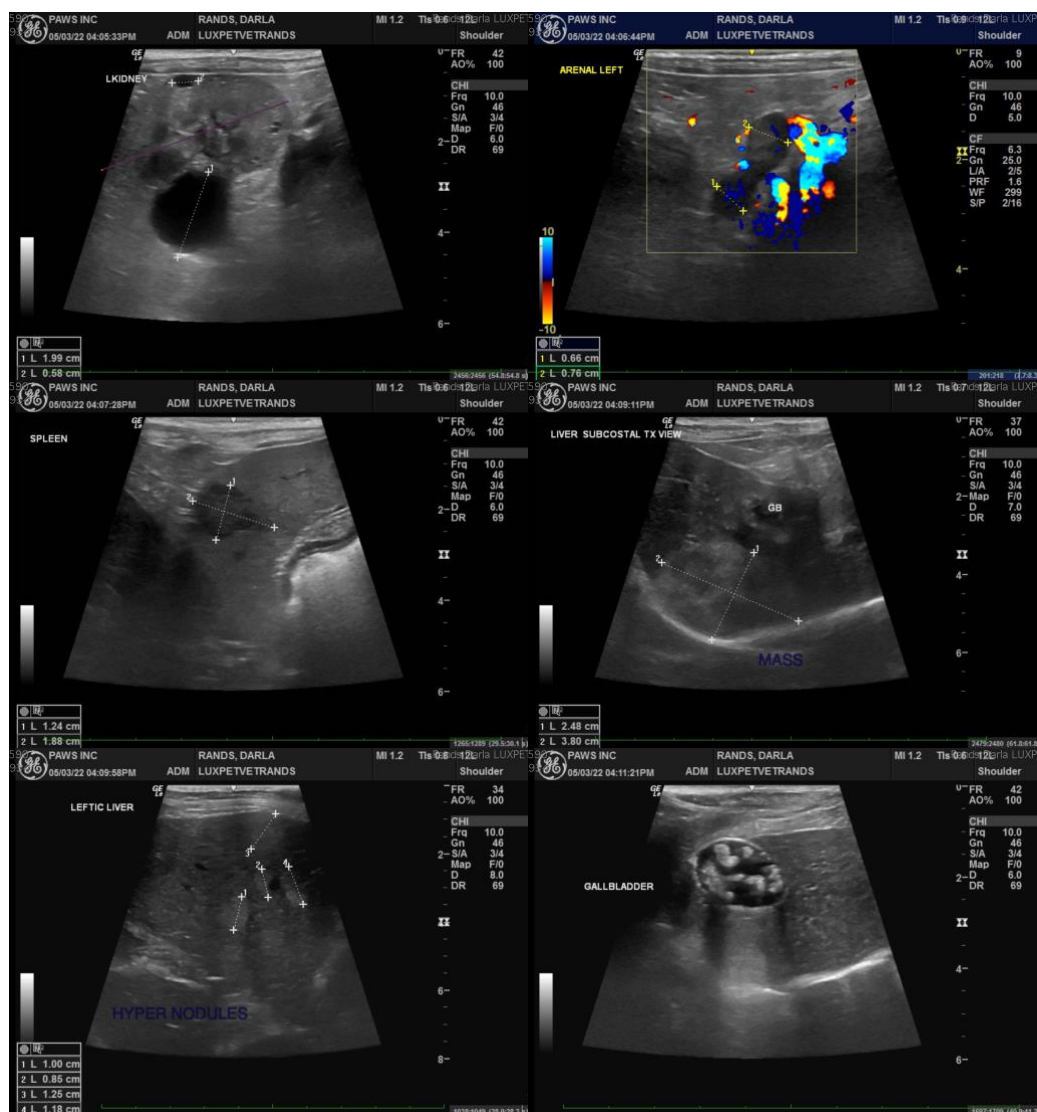
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Additionally, there are some mild changes visualized within the duodenum. The bowel appears slightly thickened for a small dog, and there is mild mucosal speckling. These changes could be normal for this individual, or could represent primary GI disease such as dietary intolerance, IBD, etc. Underlying neoplasia seems less likely. You could consider a novel protein/hydrolyzed protein prescription diet and continued treatment for gastroenteritis.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

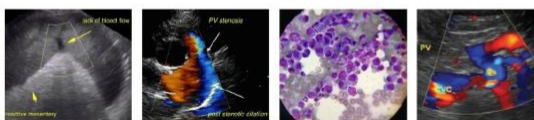


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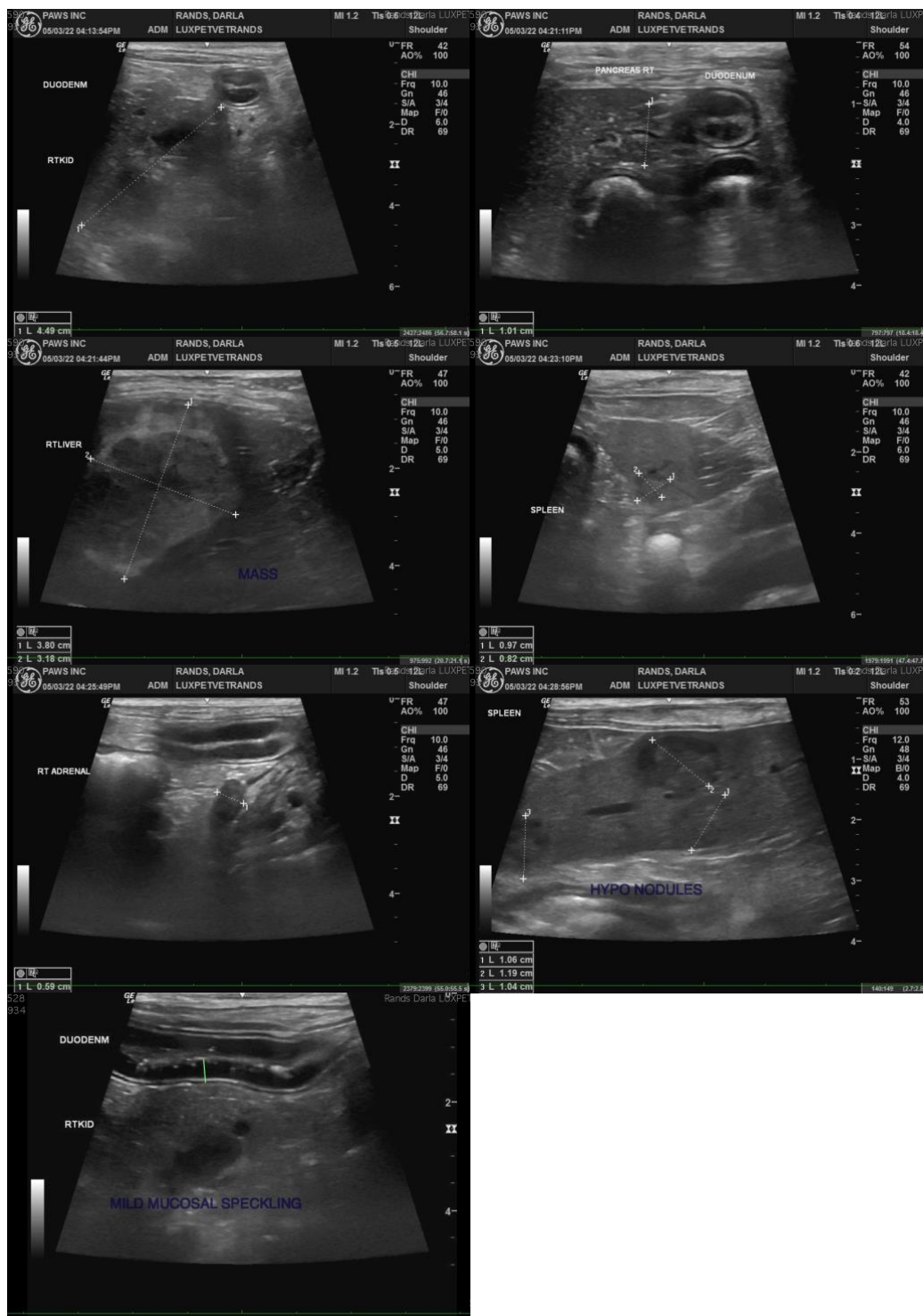
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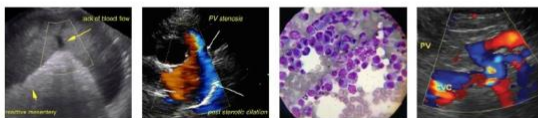
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

## BREED

Chihuahua

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com

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